

URBAN DISTRICT OF GARFORTH



ANNUAL REPORT
1967


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|----|-----------------------------|------------------------|
| | MR. MUSTOW | B.415 |
| 1. | Dr. Didsbury | C.407 |
| 2. | Mr. Morley Parry | A.421 A.419 |
| 3. | Mr. Perry | A.405 |

MEDICAL OFFICER OF HEALTH AND
CHIEF PUBLIC HEALTH INSPECTOR

URBAN DISTRICT OF GARFORTH

ANNUAL REPORT
1967

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CHIEF PUBLIC HEALTH INSPECTOR



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GARFORTH URBAN DISTRICT COUNCIL

Chairman of the Council:

Councillor S. Leigh

Vice-Chairman:

Councillor P. Wall

Public Health Committee:

Chairman: Councillor F. Wright

Vice-Chairman: Councillor Mrs. J. Hether

Councillor J. Jewell

Councillor J. H. Lindley

Councillor A. Ogilvie

Councillor W. A. Shevde

Councillor P. T. White

Councillor E. Wilson

Councillor A. Wright

Medical Officer of Health:

W. Duncan Dolton

Chief Public Health Inspector:

R. A. Naylor

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ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
1967

To the Chairman and Councillors,

The year under review was significant for two administrative changes within the Department, the retirement of Dr. Leslie Taylor and the amalgamation of Health Divisions 9 and 16 to form one new Division.

Dr. Taylor has been a Divisional Medical Officer since the National Health Service Act came into effect in 1948. He had been Medical Officer of Health to the Urban District of Rothwell for 6 years previous to this. Doubly qualified in both medicine and dentistry, Dr. Taylor was always good-humoured with both his staff and his patients. His clear mind allowed him to delegate responsibility effectively, his staff always knowing he would support them should the necessity arise. It is with pleasure that I record our debt to Dr. Taylor and express our wishes for many future happy years.

On the 1st June, by mutual agreement, the Rural Districts of Tadcaster and Wetherby and the Urban Districts of Garforth, Rothwell and Stanley were unified under the title of Health Division 9 for the purposes of the personal health services administered by the West Riding County Council.

The first few months after my appointment have been spent in getting to know the places, and the people with and for whom I shall be working. The Districts have been long and well served by their Public Health Inspectorates and it would be invidious for a newcomer even to comment on the sanitary arrangements of the areas. I have, therefore, restricted myself to a factual statement of the amenities. My colleague's Report—the Chief Public Health Inspector—deals very fully with his side of the work and will be found in Part II of this Report.

I have, however, made certain changes in Divisional administration, mainly in the fields of school health and the care of the deprived child. These are explained in the body of the Report.

While this is my second Annual Report, in my first I did not feel free to pay tribute to the work of the staff which took place before my appointment. It is, therefore, with added pleasure that I record my heartfelt thanks for the loyalty and enthusiasm of both my clerical and field staff. I thank too, the Health Committee for its interest and kindness to a new officer. It is encouraging to feel that we—Councillors, clerical staff, field workers and myself—are united in an earnest endeavour to bring the best possible health service to our clients.

W. Duncan Dolton,
Medical Officer of Health.

Autumn 1968.

TABLE 1

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1967

	Garforth Urban District	Rothwell Urban District	Stanley Urban District	Tadcaster Rural District	Wetherby Rural District	Divisional Totals
Population (Mid-Year, 1967)	19,700	27,130	19,000	31,910	28,780	126,550
Live Births						
Total	518	440	399	599	441	2,397
Legitimate	497	423	384	566	420	2,290
Illegitimate	21 (4.1%)	17 (3.9%)	15 (3.8%)	33 (5.4%)	21 (4.8%)	107 (4.5%)
Stillbirths	11	6	4	3	4	28
Deaths of Infants						
Legitimate	9	9	5	5	7	35
Illegitimate	0	1	0	1	1	3
Under one week	5	2	2	4	6	19
Under four weeks	5	6	2	4	7	24
Under 1 year—total	9	10	5	6	8	38
Deaths (all causes)	165	386	187	321	264	1,323

CRUDE AND ADJUSTED RATES

Live Births	26.3	16.2	21.0	18.8	15.3	18.9
Live Births (Adjusted)	23.7	16.5	20.8	18.8	16.4	—
Illegitimate Births per 1,000 live births	40.5	38.6	37.6	55.1	47.4	44.7
Deaths (all causes)	8.0	14.2	9.8	10.1	9.2	10.5
Deaths (Adjusted)	12.0	11.1	11.3	11.7	11.5	—
Maternal Mortality	—	—	—	—	—	—
Stillbirths	20.8	13.5	9.9	5.0	9.0	11.5
Perinatal Mortality	30.2	17.9	14.9	11.6	22.5	19.4
Neo-Natal Mortality	9.7	13.6	5.0	6.7	15.9	10.0
Early Neo-Natal Mortality (under 1 week)	9.7	4.6	5.0	6.7	13.6	8.0
Infant Mortality:						
All infants per 1,000 live births	17.4	22.7	12.5	10.0	18.1	15.9
Legitimate infants per 1,000 legitimate live births	18.1	21.3	13.0	9.0	16.7	10.9
Illegitimate infants per 1,000 illegitimate live births	0.0	58.8	0.0	30.3	47.6	28.0
Tuberculosis, respiratory	0.0	0.0	0.0	0.03	—	0.1
Tuberculosis, other	0.0	0.04	0.05	—	—	0.2
Tuberculosis, all forms	0.0	0.04	0.05	0.03	—	0.2
Cancer (all forms)	1.65	1.95	2.42	1.82	1.84	1.92
Vascular lesions of the nervous system	1.52	3.32	1.47	1.57	1.29	1.86
Heart and Circulatory Disease	3.35	4.94	3.57	4.17	3.37	3.94
Respiratory	0.91	1.84	1.00	1.25	0.90	1.21
Comparability Factors:						
Births	0.90	1.02	0.99	1.00	1.07	—
Deaths	1.43	0.78	1.15	1.16	1.25	—

All the maternal mortality, stillbirth and perinatal mortality rates are per 1,000 live and stillbirths.

DIVISIONAL VITAL STATISTICS

The Birth Rate for the Division was 18·9 per 1,000 inhabitants, as compared with the National average of 17·2.

The Death Rates are very close to the National Rate of 11·2.

TABLE 2
RECORD OF DEATHS IN AGE GROUPS 1967

	Garforth U.D.			Rothwell U.D.			Stanley U.D.			Tadcaster R.D.			Wetherby R.D.		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under															
1 year	4	5	9	5	5	10	3	2	5	5	3	8	5	1	6
1—5 yrs.	—	1	1	1	—	1	2	—	2	2	1	3	—	—	—
5—15	—	—	—	4	2	6	1	—	1	1	—	1	1	—	1
15—25	—	1	1	4	—	4	—	1	1	3	1	4	1	—	1
25—35	1	1	2	4	—	4	1	1	2	1	1	2	2	1	3
35—45	1	1	2	5	3	8	2	2	4	8	5	13	7	2	9
45—55	11	7	18	16	9	25	10	8	18	17	5	22	8	13	21
55—65	9	14	23	32	25	57	19	21	40	30	21	51	42	17	59
65—75	24	30	54	49	41	90	20	20	40	36	26	62	37	35	72
75 & ov.	27	28	55	78	103	181	28	46	74	44	54	98	65	84	149
	77	88	165	198	188	386	86	101	187	147	117	264	168	153	321

Table 2 showing the age at death emphasises the quality of child care today. It is not until late middle age that the death rate becomes appreciable. The causes of death are shown in Table 3. It is rare today for people to die from an infectious disease; cancer and diseases of the heart and circulation accounting for the great majority of deaths. The earlier detection of their condition might have saved the ten women who died from cancer of the breast. It is rare that one has to record a death from cancer of the breast in a male. 26 persons —21 of them men—died of lung cancer, We do not know how many were smokers, but on statistical grounds they were forty times more likely to be smokers than non-smokers. Such is the effect of cigarette smoking on the human lung. There were 143 persons certified as dying from pneumonia or bronchitis. This was a reduction of 49 cases from the previous year.

TABLE 3

CAUSES OF DEATH 1967	Garforth U.D.		Rothwell U.D.		Stanley U.D.		Tadcaster R.D.		Wetherby R.D.	
	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	—	—	—	—	—	—	1	—	—	—
2. Tuberculosis, other	—	—	1	—	1	—	—	—	—	—
8 Measles	—	—	1	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	5	1	4	1	3	4	1	1	6	1
11. Malignant neoplasm, lung, bronchus	6	1	9	1	5	—	10	4	11	1
12. Malignant neoplasm, breast	—	3	—	4	—	5	1	4	—	6
13. Malignant neoplasm, uterus	—	1	—	2	—	6	—	3	—	1
14. Other malignant and lymphatic neoplasms	5	9	16	14	9	14	15	18	17	8
15. Leukaemia, Aleukaemia	1	1	2	—	—	—	—	1	—	2
16. Diabetes	—	1	—	3	—	—	2	3	1	2
17. Vascular lesions of nervous system	7	23	37	53	8	20	25	25	19	18
18. Coronary disease, angina	22	12	45	26	28	17	52	40	45	25
19. Hypertension with heart disease	2	1	2	4	1	2	—	3	—	2
20. Other heart disease	7	13	17	27	4	11	10	10	3	8
21. Other circulatory disease	5	4	7	6	4	1	6	12	7	7
23. Pneumonia	2	4	10	10	4	4	12	10	5	7
24. Bronchitis	7	3	21	7	5	3	14	2	9	4
25. Other diseases of the respiratory system	2	—	1	1	1	2	—	2	1	—
26. Ulcer of stomach and duodenum	—	—	—	—	1	1	1	4	1	—
27. Gastritis, enteritis and diarrhoea	1	—	—	—	2	—	—	1	1	1
28. Nephritis and nephrosis	1	—	1	2	—	—	—	1	—	1
29. Hyperplasia of prostate	—	—	—	—	—	—	—	—	1	—
31. Congenital malformations	—	1	2	3	1	2	2	1	3	2
32. Other defined and ill-defined diseases	4	8	15	14	4	3	6	3	11	13
33. Motor vehicle accidents	—	—	1	2	4	2	5	1	2	2
34. All other accidents	—	2	4	5	1	4	4	3	3	5
35. Suicide	—	—	2	3	—	—	—	1	1	1
36. Homicide and operations of war	—	—	—	—	—	—	1	—	—	—
ALL CAUSES	77	88	198	188	86	101	168	153	147	117

It is sad to record that 8 people took their own lives during the year.

The high crude rate of 14.2 in Rothwell is due to the excess of elderly folk in the area. It should be borne in mind that St. George's Hospital, situated in Rothwell, is often the final home of many elderly folk, most of whom were previously resident outside the area. The adjusted rates are close to the National average.

TABLE 4
INFANT MORTALITY IN 1967
Deaths from stated causes under one year of age

CAUSE OF DEATH	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity	13	—	—	—	13	—	—	—	—	13
Congenital Abnormalities—										
CNS	3	—	—	—	3	—	2	—	—	5
CVS	1	—	—	—	1	1	1	—	—	3
Other	1	—	1	2	4	1	—	—	—	5
Infection—										
Respiratory Tract	2	—	—	—	2	3	1	—	—	6
Alimentary tract	—	—	—	—	—	1	1	—	—	2
Other	—	1	—	—	1	—	—	—	—	1
Haemorrhage	1	1	—	—	2	—	—	—	—	2
Electrocution—Misadventure	—	—	—	—	—	—	—	—	1	1

Table 4 shows the causes of death of the 38 children who died in the first year of life. Whilst the death due to electrocution and perhaps those due to infection might have been avoided, the majority of those due to prematurity and congenital abnormality were unavoidable with our present and indeed foreseeable medical skill. The overall infant mortaility rate of 15.9 per 1,000 live births is better than the National figure of 18.3. Once again, however, I have to record rather higher rates for Rothwell and Wetherby, although these are still close to the National average.

INFECTIOUS DISEASES

Whilst there were few deaths from infectious diseases (see Table 3), the notifications presented the usual pattern (see Table 5). Measles remained the commonest notified disease. It is not unreasonable to hope that this disease will be eradicated within the next 10 years by mass immunisation. During the year under review measles vaccine was not yet available to the public. The localisation of whooping cough is interesting—101 cases being notified in Rothwell U.D.C. and only 18 in the adjacent district of Garforth. It should be no source of pride that some districts had no case of bacillary dysentery. It is a sad commentary on our personal hygiene to record cases in all but one district. This infection is due to the ingestion of bacteria from human faeces. While this may be carried by a fly or other insect, much more commonly it is conveyed by unwashed human hands.

TABLE 5

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1967

	Disease	Total all ages 1965	Total all ages 1966	Total all ages 1967	Under One year	1—4 years	5—14 years	15—45 years	46—64 years	Over 65 years	Age unknown	Cases admitted to hospital
ROTHWELL U.D.	Scarlet Fever	42	63	54	—	20	32	1	—	—	1	—
	Pneumonia	13	7	19	1	2	1	3	6	5	1	—
	Erysipelas	7	7	4	—	—	—	1	3	—	—	—
	Whooping Cough	12	17	101	5	46	46	4	—	—	—	1
	Measles	291	210	202	9	101	77	14	1	—	—	—
	Sonne Dysentery	22	12	9	1	2	3	2	1	—	—	—
	Food Poisoning	—	1	1	—	—	—	1	—	—	—	—
	Puerperal Pyrexia	3	1	1	—	—	—	1	—	—	—	—
GARFORTH U.D.	Scarlet Fever	7	33	32	1	13	18	—	—	—	—	—
	Pneumonia	—	1	—	—	—	—	—	—	—	—	—
	Meningococcal Infection	—	—	1	1	—	—	—	—	—	—	1
	Erysipelas	1	1	—	—	—	—	—	—	—	—	—
	Whooping Cough	4	6	18	—	9	9	—	—	—	—	—
	Measles	91	158	102	7	48	46	1	—	—	—	—
	Sonne Dysentery	—	—	1	—	—	—	1	—	—	—	—
	Food Poisoning	—	—	1	—	—	1	—	—	—	—	—
STANLEY U.D.	Scarlet Fever	19	15	13	—	4	8	—	—	—	1	—
	Pneumonia	5	—	—	—	—	—	—	—	—	—	—
	Erysipelas	1	—	2	—	—	—	—	1	1	—	—
	Whooping Cough	—	2	24	—	12	12	—	—	—	—	—
	Measles	190	91	114	—	60	52	2	—	—	—	—
TADCASTER R.D.	Scarlet Fever	62	40	27	—	8	15	4	—	—	—	—
	Pneumonia	5	9	9	—	2	5	—	1	1	22	—
	Acute Anterior Encephalitis	1	—	1	—	—	—	1	—	—	—	—
	Erysipelas	3	1	—	—	—	—	—	—	—	—	—
	Whooping Cough	4	19	51	4	31	15	1	—	—	—	—
	Sonne Dysentery	5	36	4	—	2	1	1	—	—	—	—
	Measles	303	200	447	6	225	211	5	—	—	—	—
WETHERBY R.D.	Scarlet Fever	6	29	17	—	6	11	—	—	—	—	—
	Pneumonia	1	2	1	—	1	—	—	—	—	12	—
	Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—
	Erysipelas	1	—	1	—	—	—	—	1	—	—	—
	Whooping Cough	1	5	22	1	9	12	—	—	—	—	—
	Sonne Dysentery	8	16	9	—	5	1	3	—	—	—	—
	Measles	227	196	420	8	237	171	4	—	—	—	—

As will be seen from Table 7, there were 19 new cases of pulmonary and 4 new cases of non-pulmonary tuberculosis notified during the year, compared with 17 pulmonary and 1 non-pulmonary in 1966. The number of cases on the Registers at the end of the year was:

TABLE 6

District	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Garforth U.D.	19	16	1	4
Rothwell U.D.	53	25	12	2
Stanley U.D.	7	11	2	1
Tadcaster R.D.	32	18	4	5
Wetherby R.D.	12	15	5	4
Total	123	85	24	16

TABLE 7

TUBERCULOSIS — NEW CASES NOTIFIED DURING 1967

AGE	Garforth U.D.		Rothwell U.D.		Stanley U.D.		Tadcaster R.D.		Wetherby R.D.	
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary	
	M	F	M	F	M	F	M	F	M	F
15—19 yrs.	—	—	—	—	—	—	—	—	1	—
20—24 yrs.	1	—	—	—	1	—	—	—	—	—
25—34 yrs.	—	—	—	—	2	—	—	—	—	1
35—44 yrs.	—	—	—	—	1	—	—	—	1	1
45—54 yrs.	2	—	—	—	—	—	—	1	—	1
55—64 yrs.	1	—	—	—	2	—	—	—	1	—
65 and over	—	—	—	—	—	—	—	—	1	—
Totals	4	—	—	—	4	2	—	—	3	1

PERSONAL HEALTH SERVICES

Care of Mothers and Babies—In my last report I drew attention to the relatively low number of hospital confinements in the Division.

TABLE 8

District	Domiciliary Deliveries		Hospital Deliveries		Percentage of Domiciliary Deliveries	
	1966	1967	1966	1967	1966	1967
Rothwell Urban District	182	155	288	278	38.7	35.8
Garforth Urban District	202	203	299	315	40.3	39.2
Stanley Urban District	194	199	184	197	50.1	51.2
Tadcaster Rural District	208	170	385	431	35.0	39.4
Wetherby Rural District	110	96	314	343	26.0	28.0
	896	823	1470	1564	38.02	38.70

Table 8 allows of a comparison for this and the previous year. It is regrettable that the figures do not show an improvement. It is a tribute to the quality of the care of the domiciliary midwives that the perinatal and infant mortality rates are what they are. It is imperative not that all cases should be delivered in hospital, but that cases at "high risk" should be confined within easy reach of expert care. It is understandable that mothers of large families should wish to be confined at home, but it is not always easy to persuade these "high risk" mothers of the need for extra care, despite the obvious tragedy of such a family being left motherless.

The responsibility for the care of the baby becomes that of the Health Visitor on the eleventh day. During the year Health Visitors visited 10,722 children under the age of 5. They also visited expectant mothers and the aged and gave Health Education as appropriate to all sections of the community.

During the year arrangements were made for Case Conferences to be called as and when required by field workers concerned about children neglected or ill-treated in their own homes. It was hoped that these would prove more effective than the Co-ordinating Committee which has met in the past once or twice a year. A Case Conference discusses one, or at the most two cases, with which every member present is concerned. The purpose of the Case Conference is to define one officer as being in charge of the case and to come to some common decision on a course of action. Experience has proved the innovation to be worth while.

Care of the Pre-School Child—During the year there has been a remarkable increase in public interest in playgroups. Health Visitors have advised where necessary. There were 4 registered child minders in the Division as a whole.

Care of the School Child—Of the 5,034 pupils receiving full medical examinations, in only one was the physical condition considered unsatisfactory by the school doctor. An increasing burden falls upon the school nurses who undertook 55,658 examinations, an increase of 15,175 from the previous year. It is regrettable that 404 pupils were found to be infested. Defects of vision were found in 1,118 children, of whom 576 had spectacles prescribed. While the hearing of 1,178 children was tested in 1966, 2,453 were tested during the year under review. 37 of these were referred for further special tests. There were 36 children (including 26 at Bridge House School for the Deaf) known to be in school with hearing aids.

The Child Guidance Clinics continued to be of great service. 146 children with emotional problems being seen.

At the beginning of the academic year in September 1967, routine school medical examinations were finally abandoned. All children receive a pre-school medical examination and are only seen thereafter by a School Medical Officer if enquiry discloses a need. It is pleasant to record that teachers have been unanimous in expressing their pleasure in the new arrangements.

Care of the Mentally Subnormal and Mentally Ill—Two Senior Mental Welfare Officers and four Mental Welfare Officers work within the Division.

The Training Centre at Rothwell has 72 places for subnormal children and adults and has been full to capacity throughout the year. There is a waiting list for the small "Special Care" Unit. It is regretted that the parents of children with severe mental handicap under the age of five have, at the moment, little prospect of relief from their troubles by admission of the child to Training Centre.

There is a further Training Centre scheduled for building at Wetherby in the early 1970's, this will materially improve the situation.

Mental Welfare Officers co-operate with Hospitals, Consultant Psychiatrists and the Family Doctors in the care of the mentally ill.

Care of the Aged—The **home help** and **home nurse** spend the greater proportion of their time in caring for the aged. Of the 62,300 visits paid by home nurses, 39,377 were paid to the aged. 386 home helps worked for a total of 214,261 hours. Other services to the aged were chiropody and pads for the incontinent. Both services are widely used and much appreciated.

PREVENTION OF DISEASE

Health Education—Increasingly the prevention of disease will be in the hands of the individual. It is hoped that as the public realise the dangers of over-eating, lack of exercise, smoking and promiscuity—to name but a few recognised hazards—the incidence of disease will drop. Unfortunately, such an expectation is unrealistic and we have yet to find means of motivating people to live healthily. Perhaps more can be done by influencing our legislators—those who make the decisions as to whether to add fluoride to the drinking water, to ban cigarette advertising or to proceed with smoke control.

VACCINATION AND IMMUNISATION

TABLE 9

Primary Immunisation Course	Children born in Year—					Total
	1967	1966	1965	1964	Pre-1964	
Poliomyelitis	671	1059	156	51	322	2259
Diphtheria	746	971	90	24	161	1992
Pertussis	743	965	89	20	36	1853
Tetanus	745	971	90	25	389	2220

TABLE 10

Re-inforcing Doses	Children born in Year—					Total
	1967	1966	1965	1964	Pre-1964	
Poliomyelitis	—	222	382	64	2457	3152
Diphtheria	—	334	499	85	2662	3580
Pertussis	—	313	451	62	342	1168
Tetanus	—	334	502	92	2576	3504

SMALLPOX VACCINATION

TABLE 11

Age at date of Vaccination	Number of Persons Vaccinated (or Re-Vaccinated) during year	
	Number Vaccinated	Number Re-Vaccinated
0—3 months	15	—
3—6 months	17	—
6—9 months	23	—
9—12 months	33	—
1 year	1408	6
2—4 years	443	1
5—14 years	89	36
Totals	2028	43

B.C.G. Vaccination—883 schoolchildren were vaccinated. Vaccination is also given to children, irrespective of age, who are contacts of known cases of Tuberculosis and 58 children were vaccinated during the year.

Immunisation—Tables 9, 10 and 11 show the number of children immunised against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis. By these simple routine measures, which we tend to take for granted, many lives are saved.

Early detection of disease—During recent years, tests have been discovered for the detection of certain abnormalities before the patient is aware of being ill. Health Visitors screen every child in the first few weeks of life for a metabolic disorder known as phenylketonuria. Indeed the whole Infant Welfare Service is designed to detect as soon as possible any abnormal development in the young.

Cervical Cytology has been much publicised to detect early cancer of the womb. Mass Chest X-Ray continues to be of service in the detection of unsuspected tuberculosis.

At the end of the year under review plans were being made for an Old Age Pensioners Clinic at Swillington. A report on its findings will be given in 1968.

ANNUAL REPORT
of the
PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
for the year
1967

To the Chairman and Members of the
Garforth Urban District Council

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report upon the work carried out by your Public Health Department.

HOUSING

During the year under review, 70 Council dwellings were completed, comprising 17 flats at Allerton Bywater, 14 houses at Kippax, and 26 houses and 13 flats at Garforth. This brings the total of Council owned dwellings to 1,941 (616 at Allerton Bywater, 614 at Kippax and 711 at Garforth) representing 26.7% of all the houses in the area.

34 houses which were the subject of Demolition Orders were demolished during 1967 and as a result of good progress in the completion of Council dwellings, most of the tenants were quickly rehoused. At the end of the year only 4 families remained in houses which had been represented as unfit for human habitation.

In this area there are very few houses which can be classified as slums as, since slum clearance commenced in 1947, 459 houses have been condemned; 133 at Allerton Bywater, 230 at Kippax and 96 at Garforth. This means that 1 out of every 6 privately owned pre-war houses in the district has been represented as unfit for human habitation. There does not appear to be any serious problem at all regarding overcrowding and very few cases are brought to our notice.

During the year the Council has continued its policy of purchasing sites of demolished properties, and it must be emphasised that this policy should be continued with the utmost vigour, in order that many isolated plots of land can be welded together to form an area for redevelopment.

Whilst the number of applications for council tenancies shows an increase over the last year, even in the face of the fact that the Council completed a further 70 dwellings, and 401 houses were built by private developers for sale, it is doubtful whether this truly reflects the real need for more and more Council houses. At present, the number of outstanding applications, as shown by the housing lists is 665 compared with 548 at the corresponding time last year, comprising 158 at Allerton Bywater, 290 at Garforth and 217 at Kippax. However, a detailed examination of the housing lists would no doubt reveal that many applications have been made by persons already adequately housed

but who, naturally, desire if possible to obtain tenancy of a new Council house, provided as they are with all modern amenities.

However, there is one need which still remains unsatisfied, and that is housing accommodation for the elderly, as in spite of the fine record of the Council in this field once again there has been an increase in the number of outstanding applications from 213 to 275, comprising 51 at Allerton Bywater, 152 at Garforth and 72 at Kippax. This increasing demand for rehousing of elderly persons is no doubt influenced by the high standard of accommodation provided in this area, together with the popularity of the community centres and warden service.

The following tables give details of slum clearance progress since 1947:

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
1959	—	1	9
1960	1	4	—
1961	—	2	9
1962	—	1	7
1963	—	—	14
1964	2	13	5
1965	3	2	1
1966	4	15	14
1967	—	—	6
	<hr/> 133	<hr/> 96	<hr/> 230

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	133	96	230	459
Number of families rehoused	133	96	226	455
Number of persons rehoused	430	287	741	1458
Number of undertakings accepted to repair or not to use for human habitation	4	9	11	24
Number of families still to rehouse	—	—	4	4
Number of new houses erected	398	427	433	1258
Percentage of houses built allocated to slum clearance	34.9%	24.7%	52.2%	36.3%

SANITARY ACCOMMODATION

The only houses not on the water carriage system are in very isolated parts of the area where the cost of connection to any public sewer would far exceed the worth of the properties. Only 15 houses out of a total of 7250 are not provided with satisfactory water closets.

IMPROVEMENT OF HOUSES

During the year the Council continued to encourage owners to modernise properties with the help of grants and loans.

69 applications for standard grants were approved, and of these 52 were from owner occupiers and 17 from landlords of tenanted properties. In the same period 43 improvements to the full standard were completed resulting in the provision of 36 baths, 40 wash hand basins, 43 internal W.C's and 7 food stores, and the amount of grant paid was £4,824. The Council's policy of offering loans to cover that part of the approved cost of the work not covered by grant once again enabled many improvements to be carried out which otherwise would not have been undertaken.

Since the commencement of Standard Grants a total of 693 applications have been approved, and of these 601 were from owner-occupiers and 92 from owners of tenanted properties and at the end of the year 597 had been satisfactorily completed. Once again it is gratifying to record that many owner-occupiers took the opportunity of carrying out many worthwhile improvements at the same time as installing standard amenities, and some of the transformations achieved have to be seen to be believed.

The following table gives details of sanitary improvements effected during the year.

Interior of Houses

Floors repaired or renewed	27
Walls and ceilings re-plastered	32
Dampness abated	18
New glazed sinks provided	21
Windows enlarged or repaired	68
Doors repaired or renewed	11
Cooking ranges repaired or renewed	24
Water supplies improved	40
Baths provided	36
Hot water supplies provided	40
Wash hand basins installed	40
Internal W.C's provided	43
Food stores improved	7

Exterior of Houses

Roofs repaired	47
Eavesgutters repaired or renewed	24
Walls pointed	18
Walls rendered	5
Yards paved	1
Boundary walls repaired	7
Chimney pots renewed	10

Drainage	
Drains cleared from obstruction	253
Defective drains relaid	65
Inspection chambers provided	53
Cesspools abolished	1
Soil pipes repaired	26
Septic tanks provided	1
Sanitary Accommodation	
W.C. pedestals renewed	15
W.C. cisterns renewed	14
Additional W.C's provided	10
Privies converted to W.C's	3
Ashpits abolished	1
Dustbins renewed	578

SANITARY INSPECTION OF AREA

Infectious Disease Prevention	
Inspections	10
Further enquiries	18
Disinfections	4
Scabies visits	3
Miscellaneous visits	23
Milk and Dairies	
Inspection of Dairies	36
Food and Drugs Inspection	
Meat Inspections	28
Bakehouses	40
Food Inspections	23
Ice Cream Inspections	75
Water sampling	4
Fish shop inspections	47
Housing	
Houses inspected and recorded	121
General surveys	203
Public Health Act inspections	286
Revisits	403
Council houses	57
Sanitary Matters	
Inspection of Nuisances	173
Inspections of Verminous Premises	14
Inspections of New Drains	133
Piggeries and Poultry establishments	48
Factories and Workshops	27
Smoke Observations	23
Inspections re Refuse Collection and Disposal	352
Tents, Vans and Sheds	28
Inspections for Rat Infestations	411

WATER SUPPLY

All water used in this area is supplied by Leeds Corporation, and throughout the year a satisfactory supply of good quality water was maintained in most parts of the Urban District.

Certain difficulties have, however, been experienced in the East Garforth area due to inadequate pressure at times, and to the presence of iron content in excess of the accepted limit of 0.4 parts per million, and this has been brought to the attention of the Leeds Corporation Waterworks Department.

The following specimen chemical and bacteriological reports are samples of the water supplied during the year under review.

Chemical Analysis	pts. per million
Total Solids	210
Mineral Matter	185
Chlorine as Chlorides	28
Free Ammonia	0.01
Albuminoid Ammonia	0.04
Oxygen absorbed in 4 hrs. @ 80°F.	0.50
Nitrous Nitrogen	0.002
Nitric Nitrogen	2.0
Total Hardness	78
Temporary Hardness	20
Permanent Hardness	58
Lead in Solution	Nil
pH value	9.1
Colour—Hazen Units	Nil
Turbidity—Silica Scale	Nil
Free Chlorine—Actual free	0.01
Total including chloramines	0.02
Iron as Fe.	0.09
Manganese as Mn.	Nil

Bacteriological Examination

Total No. of Micro-organisms per ml. growing on Agar @ 22°C. 3 days	6
Total No. of Micro-organisms per ml. growing on Agar @ 37°C. 2 days	16
Presumptive B.Coli.	Nil per 100 ml.

SEWAGE DISPOSAL

During the year further extensive building developments have again taken place, with a consequent deterioration in the ability of the Owlwood works to cope with the increased volume of sewage. This has resulted in the Council having, very reluctantly, to attempt to slow down the rate of development in the area until such time as the situation could be improved.

As previously reported, the Council's Consultant Engineers were instructed to prepare a scheme for the alteration and extension of the Sewage Works and the reconstruction of the sewerage system, and this was submitted to the Ministry and an Inspector of the Ministry held an Inquiry on the 26th October,

1967. At the time of writing this report it is gratifying to record that Ministerial approval has been received to the scheme, and the Consultants are obtaining tenders for the carrying out of the works. It is hoped that an early start will be made on the scheme in order to prevent the flooding of houses with sewage, and to allow the future development of the urban district to continue unabated.

FACTORIES AND WORKSHOPS

Parts 1 and 8 of the Act are administered by the Council. The following tables give details of action taken.

Factories Act 1961
Inspection for purposes of provisions as to Health
(Including Inspections made by the Public Health Inspector)

	No. on Register	Inspections	No. of: Written Notices	Occupiers Prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	20	22	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	33	26	3	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	20	32	2	—
TOTAL	73	80	5	—

The above inspections revealed minor contraventions of the Act in 7 cases, and the attention of the owners was drawn to the fact. 2 cases of lack of intervening ventilated space to W.C's were referred to this department by the Factory Inspector.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It is now practically certain that all the premises covered by the above Act have received one or more general inspections. No very serious contraventions of the provisions of the Act were recorded but many minor matters were brought to the notice of occupiers and in most cases quickly remedied.

The most common defect found was inadequate lighting, but during the year much improvement was effected.

I would like to record my appreciation of the co-operation we have received from the West Riding Fire Prevention Officers who administer their provisions of the Act very efficiently but with sound common sense.

Only two accidents were reported and on investigation found to be of very minor character requiring no further action. The following tables are extracts from the Annual Report submitted to the Ministry of Labour.

Class of Premises	No. of Premises Registered during year	Total No. of Registered Premises at end of year	No. of General Inspections
Offices	1	26	14
Retail Shops	3	68	42
Wholesale Shops	—	3	3
Catering Establishments	—	12	8
Fuel Storage Depots	—	—	—
	4	109	67

Class of Workplace	No. of persons employed
Offices	448
Retail Shops	210
Wholesale Departments, warehouses	25
Catering establishments open to public	64
Canteens	7
Fuel Storage depots	—
TOTAL	754
Total Males	407
Total Females	347

FOOD INSPECTION

No slaughtering takes place in this Urban District, all meat being purchased from wholesalers in Leeds and Castleford. Inspections have, however, been made of meat and other foods at shops in the area and set out below is a list of food condemned as being unfit for human consumption.

Beef (home killed)	148 lbs.
Beef (imported)	216 lbs.
Mutton (imported)	120 lbs.
Pork (home killed)	112 lbs.
Bacon	56 lbs.
Ham	84 lbs.
Fish	126 lbs.
Soft Fruit	56 lbs.
Meat and Meat Products	84 tins
Mixed Fruit	40 tins
Frozen egg	84 lbs.

BAKEHOUSES

There are 6 bakehouses in the area and during the year 40 inspections were made, and it is very gratifying to report that every inspection revealed no cause for complaint.

ICE CREAM

There are no manufacturers of Ice Cream in the district but there are 75 registered retailers, an increase of 8 on last year. As in previous years the manufacturers of Ice Cream have insisted that retailers must register with this department before obtaining supplies and this has helped in maintaining adequate supervision.

PRESERVED FOODS

27 premises are registered for the preparation and sale of preserved foods and these have been regularly inspected during the year.

FOOD HYGIENE

There are 180 premises in the area subject to the Food Hygiene (General) Regulations 1960, an increase of 9 during the year. Frequent inspections are made and it is once again pleasing to report that, generally speaking, a very high standard of hygiene has been maintained. As in previous years, all plans of new shops and alterations to existing premises are submitted to this department for observations prior to approval.

Set out below is a list of food premises in the Urban District.

Fried Fish	16
Greengrocers	12
Butchers	18
Grocers	64
Sweets, etc.	19
Confectioners	15
Chemists	6
Canteens	7
Licensed Premises	23

Inspections carried out of the above premises show that in every case adequate provisions are made to comply with Regulation 16. 6 chemists and 2 sweet shops are exempt from Regulation 19 by virtue of the fact that no open food is sold, but all the other premises comply with the Regulations.

MILK AND DAIRIES REGULATIONS

All milk retailers in this area obtain their supplies from large dairy combines in Leeds and Castleford. As in previous years, milk is processed and bottled at the premises of Associated Dairies Ltd., in Leeds and is delivered daily to their refrigerated store in Garforth from where local retailers collect their supplies. Only two complaints were received during the past year regarding cleanliness of bottles, and it is becoming increasingly apparent that the large

milk processing plant operators are very hygiene conscious and willing to co-operate in every way to ensure that a clean and wholesome product reaches the customer.

PREVENTION OF DAMAGE BY PESTS ACT

All work under the above Act is carried out on contract by a firm specialising in this class of work.

The table below gives details of the work carried out during the year.

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	7218	32
2. (a) Total number of properties (including nearby premises) inspected following notification	158	6
(b) Number infested by (i) Rats	142	6
(ii) Mice	16	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	411	10
(b) Number infested by (i) Rats	115	6
(ii) Mice	19	2

Sewers

There were no sewers infested by rats during the year.

CLEAN AIR ACT, 1956

There is no real problem in this area from industrial smoke or grit and industrialists have readily co-operated with the Council when installing new, or altering existing boiler plants.

No progress has been made in the institution of Clean Air Zones but it is to be hoped that in the near future the Council will see fit to take steps to control the pollution from domestic sources.

CARAVAN SITES

Frequent inspections were made of the only caravan site in the area. This site is licensed for 75 caravans and apart from a few changes has been fully occupied throughout the year. Due, no doubt, to the fact that the proprietor lives on the site and maintains strict supervision, any cause for complaint is quickly dealt with.

PETROLEUM STORAGE

The number of installations licensed to store Petroleum Spirit was unchanged during the past year, remaining at 30 with a total storage capacity of 108,370 gallons.

The West Riding County Council Fire Service once again inspected all the premises prior to the renewal of licences and the attention of the owners was drawn to any infringements of the conditions of licence.

REFUSE COLLECTION AND DISPOSAL

The very extensive growth of the housing development in the district has, of necessity, increased the work of the Cleansing Department. Modern housing sites of detached and semi-detached houses greatly increase the distances travelled by the men in fetching out the bins to the refuse collection vehicles, with a consequent reduction in the number of bins emptied per man-hour. On many new estates the lack of rear access roads further aggravates the problem. However, the co-operation of the Engineer and Surveyor's Department on the lay-out of new estates has proved very helpful. Architects and planners, naturally, tend to ignore the difficulties of refuse collection in their endeavour to provide pleasant developments, and the practice of the Engineer and Surveyor of consulting this Department prior to recommending approval of plans has resulted in keeping the length of haul as low as possible.

It is very apparent, from year to year, that the character of refuse is becoming much bulkier, and this trend will continue as more and more householders change over to some form of smokeless fuel heating. In more and more cases, houses are being constructed without any facilities for the burning of refuse making it imperative in the future that larger capacity dustbins be provided and very regular collections maintained.

During the year progress was made in the acquisition of more land for tipping purposes at the Owlwood Sewage Works and agreement was reached, in principle, to share facilities at the new Leeds Corporation Refuse Disposal plant proposed to be constructed at Cross Gates. Another urgent need which will have to be faced in the very near future is the construction of new premises to garage the Council's fleet of refuse collection vehicles, as the present arrangement is far from satisfactory. Consideration should be given, at the same time, to the desirability of setting up our own maintenance and repair depot in conjunction with other departments of the Council.

In common with the rest of the country, the problem of collection and disposal of bulky items of refuse such as furniture, etc., greatly increases from year to year, but this must be accepted now as inevitable, particularly in view of the provisions of the Civic Amenities Act. There is no doubt, however, that the fact that the Council will accept responsibility for the removal and disposal of bulky household refuse has helped considerably in lessening the illegal dumping of rubbish on roadsides, private or open land, waste places and elsewhere.

Salvage of saleable materials continued throughout the year and the following table gives details of the results.

Salvage sold during the period 1st January—31st December, 1967

	Tons	Cwts.	Qrs.	Lbs.	£	s	d
Waste Paper	55	16	0	0	362	14	0
Rags	8	14	3	22	109	6	8
Brass	—	—	3	7	6	5	9
Aluminium	—	10	2	18	43	18	0
Lead	—	9	1	23	10	8	4
Copper	—	1	3	10	19	10	5
	65	13	2	24	552	3	2

In conclusion, may I once again record my thanks for the help received from the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee. I must also place on record my appreciation for the help and encouragement received from Dr. Dolton and other officials of the Council and last but by no means least, Mr. Cockerham, your additional Public Health Inspector.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. Naylor,

Public Health Inspector.

T P

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